

## CHAPTER 20

### SECTION 3

## MARKETING, ENROLLMENT, AND SUPPORT SERVICES

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### 1.0. MARKETING

Enrollment in the TRICARE Prime Remote Program (TPR) is mandatory for ADSMs who qualify for the program (see [Chapter 20, Section 1, paragraph 2.0.](#)); therefore, a contractor shall limit marketing activities for TPR-enrollees to distributing the marketing material provided by the Government (see [Chapter 20, Addendum F](#)). The contractor shall forward materials to the TPR Program Units; the Lead Agent will determine the initial supply. The contractor shall include enrollment forms for the TRICARE Prime Remote Program in the ADSM marketing materials.

### 2.0. ENROLLMENT

2.1. The Lead Agent will, on an as needed basis, but at least semi-annually, provide the contractor with an update to the TRICARE Prime Remote directory of units whose members are eligible for enrollment in the program according to [Chapter 20, Section 1, paragraph 3.0.](#)

2.2. An enrollment application (supplied by the contractor) must be completed and signed by either the ADSM or the ADSM's unit commander for each ADSM enrolling in the TRICARE Prime Remote Program. The completed and signed application will be submitted to the contractor. The effective date for TRICARE Prime Remote Program enrollment is the date the contractor receives the signed enrollment application.

2.3. ADSM enrollment in the TRICARE Prime Remote Program will be for the tour of duty. Enrollment transfers or disenrollments will occur upon change of duty location out of the region, transfer into an MTF/clinic catchment area, retirement, or separation from the service. The ADSM will be responsible for notifying the contractor when an enrollment transfer is needed. The contractor shall follow enrollment portability and transfer procedures in [Chapter 6, Section 2.](#)

2.4. The contractor shall enroll the ADSM on its enrollment system and enter the ADSM's TPR enrollment status into the Defense Enrollment Eligibility Reporting System (DEERS). The contractor shall use the DMIS-ID code(s) designated by the Lead Agent for that region to enroll ADSMs into the TRICARE Prime Remote Program (see the ADP Manual).

2.5. The contractor shall produce and distribute TPR enrollment cards utilizing existing capabilities to the greatest extent possible, according to the layout provided by TMA. (See [Chapter 20, Addendum A, Figure 20-A-1](#)). Contractors shall produce the cards using current card stock they use for TRICARE Prime Cards. The same design and information fields contained on the front and back of the card shall be reproduced to resemble the card in the figure.

### 3.0. PCM ASSIGNMENT

At the time of enrollment, an ADSM will select (or will be assigned) a PCM in the local community, if available. An ADSM without an assigned PCM may use a local TRICARE-authorized provider for primary care.

### 4.0. EDUCATION

4.1. TRICARE Management Activity (TMA), in conjunction with the Lead Agent, will develop all education materials unique to the TRICARE Prime Remote program. Some educational issues include the Primary Care Manager concept (and what procedures to follow when a network PCM is not assigned), how to access care in and out of the area using the HCF, how to access specialty care through the HCF and SPOC, and information on filing medical claims.

4.2. If required by contract, the contractor shall distribute Self-Care Manuals with instructions on how to use the manuals.

4.3. If required by contract, the contractor shall inform enrollees how to access the Health Care Information Line (HCIL) according to contract requirements.

4.4. If the contract includes Health Evaluation and Assessment Review (HEAR) survey requirements, the contractor shall administer the HEARs to TPR-enrollees according to contract requirements. For ADSMs without assigned PCMs, the contractor shall forward a copy of the HEAR survey results to the enrollee for inclusion in the member's medical record and discussion with a provider.

4.5. The contractor shall give ADSMs and their family members the option of participating in health promotion and wellness programs offered in MTF catchment areas and Prime program locations established by the contractor.

4.6. Educational activities in the TRICARE Prime Remote Program areas shall involve the joint efforts of the service unit of the ADSM, the SPOCs, the Service Medical Departments, the Lead Agent, and the contractor. The contractor shall distribute TMA-supplied educational materials unique to the TRICARE Prime Remote Program. The contractor shall also develop and distribute educational materials subject to Lead Agent review and approval according to existing contract requirements ([Chapter 12, Section 2](#)). The contractor is responsible for postage, envelopes, and mailing costs for distributing educational material.

5.0. During TRICARE Prime Remote Program implementation, the contractor shall design and conduct, in conjunction with the Lead Agent and with Lead Agent approval, TRICARE Prime Remote Program briefings. The contractor shall initiate these briefings no later than 30 calendar days prior to the start of health care delivery. The contractor shall consult with the Lead Agent to determine briefing locations and times. The contractor must submit all briefing plans to the Lead Agent for review and approval with sufficient lead-time so that the 30 day-prior-to-health-care-delivery requirement will be met. Contractors shall include TRICARE Prime Remote Program information and updates as part of all TRICARE briefings. Ongoing briefings will be on an "as needed" basis and will be coordinated with the Lead Agent. The contractor shall maintain records of the briefings to include a summary of the briefings with the dates, times, locations, and lists of attendees. The contractor may

propose alternative methods for supplying educational information to ADSMs eligible to enroll in the TRICARE Prime Remote Program. The Lead Agent and the Military Services will continue to provide TPR briefings on an “as needed” basis.

## **6.0. SUPPORT SERVICES**

### **6.1. General**

The requirements and standards in Chapter 12, Sections 6, 7, and 8, apply to the TRICARE Prime Remote Program unless otherwise stated in this chapter.

### **6.2. Inquiries**

6.2.1. The contractor shall designate a point of contact for Government (Lead Agent, TMA, and Military Service) inquiries related to the TRICARE Prime Remote Program.

6.2.2. The contractor may establish a dedicated unit for responding to inquiries about the TRICARE Prime Remote Program and the Supplemental Health Care Program (see [Chapter 21](#), Civilian Care Referred by MHS Facilities, and [Chapter 22](#), Civilian Health Care of Uniformed Service Members).

6.2.3. The contractor shall respond to all inquiries--written, telephone, walk-in, etc.--related to claims processing procedures, network development issues, provider issues, the HCF authorization and referral process, and any other TRICARE and/or TPR Program issues that are not related to dental care or to SPOC reviews of medical care. The operational requirements and standards in [Chapter 1, Section 3, paragraph 5.1.](#) and [5.2.](#), apply to TPR written inquiries. See [paragraph 6.3.](#) below for telephone guidelines.

6.2.4. The contractor shall forward all inquiries that specifically address dental care or SPOC review of medical care to the TPR enrollee’s SPOC for response.

### **6.3. Toll-Free Telephone Service**

The contractor shall provide a dedicated toll-free telephone line or extension for TRICARE Prime Remote (TPR) program beneficiary inquiries. This line may also serve the Supplemental Health Care Program beneficiaries (see Chapters 21 and 22). See [Chapter 12, Section 8](#) for other telephone standards. The contractor shall handle provider inquiries through the contractor’s existing provider inquiry system.

